The Importance of Molecular Typing

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Molecular typing during epidemiological investigation

	State A	State B	State C
Clinical investigations and cases reported to CDC	Patient 1	Patient 2	
Environmental investigations			Putative sources Hotel X Hotel Z Cooling tower
Species identification	L. pneumophila	L. pneumophila	L. pneumophila L. pneumophila L. pneumophila

When should molecular typing be pursued?

- ➤ to confirm that isolates from cases are identical (cases are exposed to the same source)
- to compare clinical to environmental isolates to narrow down the list of potential environmental sources

Molecular methods for typing *Legionella* isolates

- Monoclonal antibody (MAb) typing
- DNA fragment-based methods:
 - PFGE pulse-field gel electrophoresis
 - RFLP restriction fragment length polymorphism
 - AFLP amplified fragment length polymorphism
 - MLVA multi-locus variable-number tandem repeat analysis
- DNA sequencing methods:
 - mip gene sequencing
 - SBT sequence based typing (L. pneumophila)
- Peptide fragment-based method

Criteria to consider when choosing typing methods:

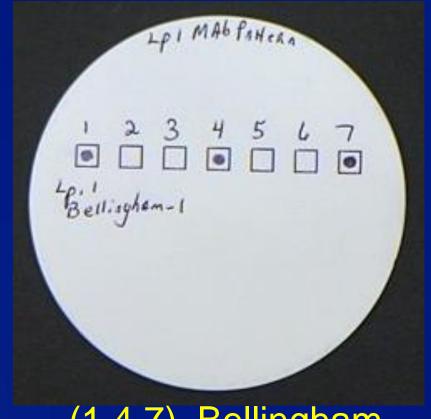
- How easy to perform
- How long does it take
- > Cost
- Discriminatory power
- Interlaboratory comparison (is it portable)

Monoclonal antibody typing

International panel of seven MAbs established in 1986

Test for *L. pneumophila* reactivity with seven MAbs





(1,4,7) Bellingham

Monoclonal antibody typing

<u>Advantages</u>

- Easy
- Fast (15-20 min)
- Cheap
- Portable if different labs use the same MAbs

<u>Disadvantages</u>

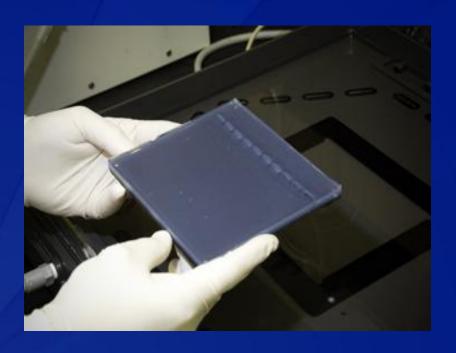
- MAbs are not commercially available
- Only for *L. pneumophila* serogroup 1
- Only 12 MAb patterns

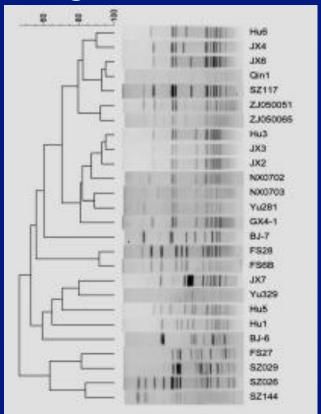
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MAb typing of <i>L.</i> pneumophila sg1 isolates	(1,2,5) sg1, Allentown	(1,2,5) sg1, Allentown	(1,2,5) sg1, Allentown sg1, Bellingham sg1, Allentown

PFGE

Genomic DNA is cut with restriction enzymes

DNA fragments are separated by gel electrophoresis with the voltage periodically switching directions





PFGE

<u>Advantages</u>

- Cheap
- High discriminatory power
- Could be used for all Legionella species

<u>Disadvantages</u>

- Time-consuming
- Could be difficult to interpret banding pattern
- Not portable

Sequence Based Typing (SBT)

PCR-amplification and sequencing of seven *L.* pneumophila gene fragments: flaA, pilE, asd, mip, mompS, proA, and neuA

Based on the sequence, each gene fragment is assigned an allele number, which results in an allelic profile (e.g. 1,4,3,1,1,1) and a corresponding sequence type (ST), e.g. ST1

BWGLI

Supported by the European Working Group for Legionella Infection (EWGLI)

Sequence Based Typing (SBT)

http://www.hpa-bioinformatics.org.uk/legionella/legionella_sbt/php/sbt_homepage.php

Legionella pneumophila Sequence-Based Typing

Welcome to the EWGLI Sequence-Based Typing (SBT) Database for Legionella pneumophila

A consensus Sequence-Based Typing (SBT) epidemiological typing scheme for clinical and environmental isolates of Legionella pneumophila has been developed by members of the European Working Group for Legionella Infections (EWGLI) and evaluated for implementation in the investigation of outbreaks of legionellosis caused by L. pneumophila.

Using the SBT protocol, the SBT database (version 3.0) allows assignment of the seven ordered alleles, flaA, pilE, asd, mip, mompS, proA, and neuA as described by Gaia et al. (2005) and Ratzow et al. (2007), represented as a Sequence Type (ST), or allelic profile, of the ordered string of allele numbers separated by commas e.g. 1,4,3,1,1,1.

The curators encourage the submission of putative new alleles. Submission of putative new alleles can be made via the Sequence Quality Tool or by the New Allele Submission link (Options menu, left), which examines the forward and reverse chromatogram files. Subject to verification by the curators, a new allele number will be assigned and added to the database. If the curators are unable to verify a new allele, the strain or genomic DNA may be requested to allow sequencing by another designated centre. Submission of strains bearing new allele numbers to the EUL culture collection is strongly encouraged.

Please contact Dr. Norman Fry for further details.

Total number of entries:	4334	Sample source, total number of records 4334
Number of Sequence Types:	852	Unknown 71
Number of <i>flaA</i> alleles:	28	1.64%
Number of <i>pilE</i> alleles:	41	Environmental 1589 36.66%
Number of asd alleles:	45	
Number of <i>mip</i> alleles:	51	Clinical 2674
Number of <i>mompS</i> alleles:	60	61.70%
Number of proA alleles:	37	
Number of neu A alleles:	36	







SBT

<u>Advantages</u>

- Relatively easy
- High discriminatory power
- Provides reproducible results
- Portable

<u>Disadvantages</u>

- Sequencing step is expensive: either in—house using genetic analyzer (~ \$100K) or send to DNA sequencing company and pay per reaction
- Only for L. pneumophila

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MAb typing of <i>L.</i> pneumophila sg1 isolates	(1,2,5) sg1, Allentown	(1,2,5) sg1, Allentown	(1,2,5) (1,4,7) (1,2,5) sg1, Allentown
Molecular typing	(3,4,1,1,1,9,1) ST35	(3,4,1,1,1,9,1) ST35	(1,4,3,1,1,1,9) ST8 (3,4,1,1,1,9,1) ST35

Take home message:

- Legionella isolates in order to *i*) confirm that isolates from cases are identical and *ii*) compare clinical to environmental isolates
- ➤ MAb, PFGE, and SBT are independent and complementary typing methods
- > CDC Legionella lab combines MAb (fast initial) and SBT (longer final) methods for L. pneumophila typing
- ➤ The majority of molecular typing methods requires Legionella isolates

References:

- ➤ Joly, J.R. et al. 1986. Development of a standardized subgrouping scheme for Legionella pneumophila serogroup 1 using monoclonal antibodies. *J. Clin. Microbiol.* **23**: 768-771
- ➤ Fry, N.K. *et al.* 1999. A multicenter evaluation of genotypic methods for the epidemiologic typing of Legionella pneumophila serogroup 1: results of a pan-european study. *Clin. Microbiol. Infect.* **5**: 462-477
- Legionella pneumophila Sequence-Based typing homepage:

http://www.hpa-bioinformatics.org.uk/legionella/legionella_sbt/php/sbt_homepage.php

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

